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A
SYLLABUS
OF A
COURSE OF LECTURES
ON THE
THEORY AND PRACTICE
OF
MIDWIFERY;

INCLUDING
THE PATHOLOGY, OR GENERAL DOCTRINE OF DISEASES
INCIDENT TO WOMEN AND CHILDREN,
WITH
THEIR TREATMENT, PREVENTION, AND CURE.

Χέρη μὲν πρῶτον εἰς παιδείαν οὐκ ἔστι, ἀ' ἂν εἴτα ὁμαλὸς ὑπάρχει.
Aspera quidem primum ad eruditionem via est, sed postea sit plana.

Μελέτη το πᾶν.

Industriæ nihil impossibile. *Periander.*

READ BY
H. G. CLOUGH, M. D.

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N. B. The Lectures generally commence early in October, and December; the Middle of January, March, May, and August, at Ten in the Forenoon. The Evening Course the Beginning of October, and Middle of January; timely Notice of which will be announced in all the Newspapers, &c.

SYLLABUS.

INTRODUCTORY LECTURE.

*Rise and Progress of the Science, from
the earliest Accounts to the present
Time.*

INTRODUCTION.

Definition and importance of the
Science of Midwifery.

Its antiquity.

Originally practised by women.

Men first introduced to the practice.

Four remarkable periods in the history of the Science.

Its principal improvements from the time of Hippocrates.

Superstitious customs of the ancients.

B

Its

Its utility to the profession in general, more particularly to those who intend qualifying themselves for practice.

On the Subject of Medical Reform.

The Science of Medicine should be separately assumed and studied.

Authors recommended to the student

Order of the course ;——is divided into four parts ;——comprehending generation ;——utero gestation ;——delivery ; and recovery ;——to which may be added a fifth, or supplementary branch ; the treatment of infantile diseases.

The first part of this Science treats of generation, or procreation ; and is again subdivided, into an Anatomical, a Physiological, and Pathological, or Therapeutic *part*.

The Anatomical part explains so much of the female structure in the unimpregnated state, as necessary for the knowledge of the Science, by demonstrating the pelvis ;——female organs ;

gans ;——utero gestation ;——and its appendages.

Physiology ; explains, the different doctrines and theories of these organs, and appendages, as far as is known as to their use in contributing towards conception, or procreation.

And Therapeutics, or the Pathological part of generation, describes the doctrine of the various diseases to which these organs are subject ; their causes ; symptoms ; and the most effectual and best means employed, with regard to medical treatment ;——and as lectures can be of little use without demonstration, all these branches will be separately treated of and elucidated, during the course, by preparations, drawings, and casts from nature.

Cases of danger, or difficulty, arising from parturition ;——and the proper modes of delivery, constituting the practical part, will be illustrated on the machine or phantom.

The perusal of many books, or taking

imperfect notes, during lecture improper.

One Course diligently, or even two Courses negligently attended, barely sufficient to qualify a Student for practice.

Practical improvement recommended to Students.

Too many Pupils at a labour objectionable.

Patients fairly, and impartially divided among them;—introduced by experienced assistants.

Personally attended by Dr. Clough in all cases of difficulty or danger;—ample provision for practical improvement for Students.

Qualifications requisite in an accoucheur.

Many prejudices among patients and nurses to contend with.

Tender and humane deportment recommended; delicacy in behaviour and conversation;—patience an important part, in the character of an Accoucheur;—assiduous attention to patients under care.

Good

Good humour, and proper attention to nurses.

Too many visitors in the apartment improper.

Conclusion.

On the Pelvis.

Reasons for commencing with the pelvis;—definition of the pelvis;—demonstrated so far only as is necessary for the study and practice of the Science.

Of various kinds both in size and figure;—in the foetal state composed of eight bones,—in the adult of four.

The English names for these bones; necessary to be known on many occasions.

Divided into two apertures—Superior and inferior.

Situation, connexion, and figure of the adult bones considered.

Adult divided into os sacrum;—os coccygis;—two ossa innominata.

Foetal division into;—two ossa pubis;

pubis;—sacrum:—and coccyx;
—two ilia, and ischia.

*On the Connexion and Separation of
these Bones.*

Two sacro iliac symphysis;—symphysis pubis;—ligamentous union of os sacrum and coccygis;

United by cartilage, ligaments, muscles, and tendons;—structure of symphysis, the same in the foetus as in the adult.

On the Separation of the Bones.

The ancients supposed that these bones always separated during parturition;—serious consequences of separation; from morbid affections;—practical inferences;—they naturally separate in some quadrupeds.

On the possibility of the re-union of the bones after morbid or accidental separation;—may be effected either by callous;—anchylosis, or ligamentous union;—gelatinous matter or pus sometimes formed in them;—treatment considered;—relieved most by the T bandage, and embrocation
of

of Tar, and spirits of wine,—requires time to unite again.

Of the Obliquity of the Pelvis, with regard to the Trunk.

Advantage of its obliquity ;—— observations on the different axes : ——plane of its margin ;——their use explained in practice.

Fœtal cranium considered relative to the pelvis.

Shape and dimensions of the pelvis ; ——its cavities ;——apertures, &c.

Of the Standard Pelvis.

A well formed pelvis, measures from ilium to ilium $5\frac{1}{4}$ inches, and from sacrum to pubis $4\frac{1}{2}$ inches,—difference $\frac{3}{4}$ of an inch.

Striking difference between the male and female pelvis is in the arch of the pubis ;——capacity of the brim ;——strength of the bones ;——width of the ilia.

Dimensions of the fœtal crania ;——larger in proportion to the trunk than
in

in other animals ; — incomplete ossification ; — advantages resulting ;

Of the standard crania.

Long Axis $4\frac{1}{2}$ to $4\frac{3}{4}$	{	From vortex to chin, (longest line) $5\frac{1}{2}$ Inches.	{	$4\frac{1}{2}$
		inferior part of the Occiput.		
		to the upper part of the forehead, shortest line.....		
Short Axis. $3\frac{3}{4}$	{	upper part of the Occiput to forehead (medium line).....	{	$4\frac{1}{2}$
		From the protuberance of one parietal bone, to its opposite side.		

But the dimensions are not exactly precise from the great mobility of the bones of the cranium.

Descent of the cranium through the pelvis ; — varies at every point ; — first described by Sir Fielding Ould.

Standard cranium will pass a standard pelvis in some directions, not in others.

On the deformed Pelvis.

Distortions are various in nature and degree, from habits of life.

The defalcation may be occasioned either in the superior or inferior aperture, or in both, — from exostosis ; —
from

from too great straitness, or curvature of the sacrum;—* *Molities ossium*;—causes considered,—accidental fractures, &c.—Consolidation or ankylosis of the os coccygis with sacrum;—tumours, particularly about the sacrum.

External signs of deformed pelvis;—how ascertained in the living subject!—by examination per vaginam;—these circumstances have been attempted to be ascertained upon mechanical principles;—how far admitted;—cannot be admitted upon the living subject;—may be admitted in the use and application of instruments.

On the Organs of Generation.

MALE ORGANS.

FEMALE ORGANS.

Divided into external and internal;—how distinguished.

* *Osteosarcosis*, or softness of bone.

The external comprehend the mons veneris ;—labia ;—perinæum ;—clitoris ;—nymphæ ;—os externum ;—hymen, or carunculæ myrtiformes, considered as the line of division ;—and the meatus urinarius.

Some of these, strictly speaking, not organs of generation.

These separately demonstrated.

The internal generative organs, are such as are demonstrable only, by dissection—and are a portion of the clitoris, with the erector clitorides ;—the vagina, with its sphincter ;—the plexus retiformes ;—the uterus ;—fallopian tubes ;—and ovaria ;—the round and broad ligaments with its appendages.

These demonstrated.

VAGINA ;—structure of a peculiar kind ;—varieties in the organs ;—composed of arteries, veins, absorbents, and nerves ;—situation between the urethra and rectum ;—following the sweep of the sacrum, connected by cellular substance.

UTERUS ;—its situation and structure ;

ture;—shape pyriform and oviform;
 —sides depressed;—placed towards
 the sacrum, and ossa pubis;—loosely
 situated in the pelvis, between the
 bladder and rectum, and is attached
 to the vagina;—divided into three
 parts;—the body fundus and cervix,
 with oblong orifice;—concave below;
 —convex above;—in the unimpreg-
 nated state an inch in thickness;—
 three inches in length;—two or two
 and a half in circumference;—and
 one or one and a half at the cervix;—
 thickness, preserved in the state of
 pregnancy, by the enlargement of the
 veins and lymphatics;—cavity cor-
 responding with the external form;—
 forming two cavities;—one at the cer-
 vix;—the other at the fundus;—how
 distinguished;—structure correspond-
 ing with that of the vagina, corro-
 gated, spongy, and of a tendinous
 nature, to allow of considerable ex-
 pansion;—its use.

Composed of arteries, veins, nerves,
 lymphatics, and muscular fibres;—

their size;—origin;—distribution;—serpentine direction, and termination.

Nerves;—their sources, and distribution.

Lymphatics;—their origin, distribution, and termination.

OF THE LIGAMENTA ROTUNDA AND LATA;—their origin;—structure;—termination, and use.

OF THE FALLOPIAN TUBES;—their vascularity;—origin;—termination, and use.

OF THE OVARIA;—figure;—size; structure, and use.

Different opinions and experiments respecting the structure of the ovaria.

CORPORA LUTEA;—what?

Diseases of the Organs ;

The external organs are subject to excrescences;—œdematous swellings;—varicose swellings;—schirrus tumours;—adhesions;—abscesses;—inflammations and excoriations;

coriations ;——medical and surgical treatment.

Laceration of the perinæum ;——causes of such laceration ;——may be avoided ; means of prevention.

Perforations of the perinæum ; and laceration of the sphincter ani ;——consequences attending ;——treatment of such injuries.

Enlarged clitoris ;——surgical treatment.

OF THE BLADDER AND URETHRA ;——women subject to fewer diseases of these parts than men.

Retention of urine ;——before and after delivery ;——indicating the use of the catheter ;——mode of introduction ;——delicacy in the operation.

Incontinence of urine ;——causes ;——remedies ;——observations on catheters.

OF CALCULI IN THE BLADDER AND URETHRA ;——a cause of much uneasiness and suffering during parturition ;——endangering sphacelus, and incontinence of urine.

Of the introduction of bougies into
the

the urethra, with the intent of evading the operation of lithotomy.

Manner of extracting calculi.

RETAINED MENSES FROM IMPERFORATED HYMEN;—symptoms;—surgical treatment.

CARUNCULÆ MYRTIFORMES;—diseases of;—treatment.

PRURITUS;—what?—frequent attendant on the pregnant state;—and from the violence of the disease often occasions furor uterinus;—supposed causes;—true causes;—curative indications.

The internal organs are subject also to various diseases.

Those which demand primary attention,—are first, Abbreviations and contractions of the vagina;—2d. Cohæsions, from inflammation;—3d. Cicatrices, from ulceration;—4th. Excrescences;—5th. Fluor Albus; 6th. Furor Uterinus.

ABBREVIATIONS AND CONTRACTIONS FROM ORIGINAL FORMATION;—treatment.

COHESIONS FROM INFLAMMATION
AND

AND ULCERATION;—from the following causes;—hard labours;—improper use of instruments;—morbid affections;—medical and surgical treatment.

Cicatrices seldom any impediment in their use;—treatment.

SCHIRRUS AND CANCEROUS TUMOURS;—Fungus excrescences in the form of polypi;—variety in size, figure, and texture;—symptoms;—treatment.

FLUOR ALBUS;—definition;—seat of the disease;—causes;—symptoms;—treatment.

FUROR UTERINUS;—defined;—not a frequent disease;—nor confined to the human subject;—seat of the disease;—causes;—symptoms;—occurs to women of nervous habits;—more prevalent at one season of the year than at another; and more so in hot climates;—treatment.

SCHIRRUS, OR CANCEROUS TUMOURS;—definition;—treatment.

PROLAPSUS UTERI;—definition;—various in degree;—from inversion how ascertained!—causes;—symptoms;

toms ;——occurs to women who have never been pregnant ;——treatment.

Of its reduction, and retention when replaced ;——by pessaries of various kinds ;——these described ;——sponge tents ;——astringent injections.

PROLAPSUS ANI ET VESICÆ ;——definition ; — causes ; — symptoms ; — treatment.

HYDATIDS, OF THE UTERUS ;——definition ; — causes ; — symptoms ; — treatment ;——how distinguished from pregnancy !——appear sometimes on the external surface.

ENCYSTED DROPSY OF THE UTERUS ;——definition ;——how distinguished from ascites ;——causes ;——symptoms ;——treatment.

TYMPANITES UTERI ;——definition ;——causes ;——symptoms ;——treatment.

MOLA, MASSA CARNEA ; OR FALSE CONCEPTION ; —definition ; — errors in opinion concerning them ;——causes ;——symptoms ;——how distinguished from pregnancy ;——treatment.

DROPSY OF THE OVARIA ;——may occur at any period of life ;——more prevalent

prevalent at an advanced age ;—definition ;—origin and progress of the disease ;—increase to an enormous size ;—diagnostics ;—treatment ;—fatal errors in judgment from pregnancy.

INFLAMMATION ;—SCHIRRUS ;—AND CANCERS OF THE OVARIA ;—occur sooner after delivery, than at any other period ;—inflammation may terminate either by resolution ;—suppuration ;—schirrus, or cancerous affections, —sometimes wonderfully enlarged ;—sometimes an impediment to delivery ;—attended with much pain.

Ovaria have been extirpated from inguinal hernia ;—sometimes obstruct the common offices of life ;—conception and foetation have occurred in them ;—as have also been found teeth ;—hair ;—bones ;—and other extraneous substances.

Externally, tumours and hydatids, have been found on them.

On the Contents of the Pelvis, obstetrically considered.

Meatus urinarius ;—vagina ;—and uterus ;—fallopian tubes ;—round and broad ligaments ;—ovaria ;—bladder and rectum ; —perinæum ; —peritonæum ;—and cellular substance.

These separately demonstrated and explained.

Interstices filled up by cellular membrane.

From the inflection of the peritonæum, women are liable to various diseases.

Hydrocele, or dropzy of the perinæum.

Retroverted uterus ; and a peculiar species of herniæ, called Elythrocele.

RETROVERSION OF THE UTERUS ;
—definition ;—how ascertained ;—
causes ;—symptoms ;—treatment.

RETROFLECTION OF THE UTERUS ;
—definition ;—how known ;—causes ;
symptoms ;

symptoms;—treatment as in cases of retroversion.

HYDROCELE, OR DROPSY OF THE PERINÆUM;—definition;—seldom occurs;—not an original disease;—causes;—symptoms;—sometimes very large;—diagnostics;—treatment.

ELYTROCELE;—definition;—seldom happens;—symptoms;—treatment.

On Menstruation.

Definition;—period of puberty;—consequence, not a cause;—sometimes sooner; at other times later;—in this country generally from 14 to 18;—varies in different climates, and under different circumstances;—changes in the constitution at this period;—symptoms indicating its approach:—quantity discharged at each evacuation;—great irregularity on its first approach;—time of duration;—supposed malignant qualities;—of the most inoffensive nature.

FINAL CESSATION OF MENSTRU-

D 2

ATION;

ATION;—at what period;—other periodical emissions which succeed it.

Causes of menstruation;—are two;—efficient;—and final.

EFFICIENT CAUSE;—definition;—various opinions of different authors;—whether arterial; or venal blood;—opinions of authors;—not as yet ascertained.

FINAL CAUSE;—are two also;—definition;—opinions on this subject.

OF A MEMBRANEOUS SUBSTANCE EXPELLED WITH THE MENSTRUAL DISCHARGE;—occasions erroneous opinions and unjust aspersions.

Of the treatment necessary to divest of its formation at the period of menstruation.

Suppression of Menstruation.

Definition;—differs from obstruction;—may be either idiopathic, or symptomatic.

Effects produced from suppression;—treatment;—sometimes requires different treatment.

Profuse

Profuse menstruation;—causes of;
—quantity evacuated;—causes;—
symptoms;—treatment.

Painful menstruation;—causes;—
symptoms;—treatment.

Final cessation;—usual period of;—
causes;—manner of its occurrences;
—symptoms;—frequently not properly
treated;—proper treatment.

On Conception.

Definition.

Opinions of the ancients on the
phænomena of generation;—Pytha-
goras;—Anaxagoras;—Scythians;—
Empedocles;—Hippocrates;—Galen;
—Aristotle, and others.

Of the moderns;—the opinions of
Harvey;—Degraaf;—Llewenhoeck;
—Malpighi;—Von Hammon;—
Ruysch;—and Verheyen;—Needham;
—Blëumenbach, on the doctrine of
Epigenesis;—L'Abbë Spallanzani, &c.

Some have attempted to solve this
phænomena by absorption,—others
on chemical principles;——by attrac-
tion of cohesion;—vital principle;—
in

in animals and vegetables;—do not admit of definition.

The first stages of conception;—impregnated ovum;—is conveyed to the uterus;—*tunica decidua* of Dr. Wm. Hunter;—its formation;—structure and form;—forms the connecting membrane of the ovum to the uterus.

ON THE COMPONENT PARTS OF THE OVUM;

Are the *fœtus*;—*funis umbilicalis*;—*placenta*;—and membranes with the *liquor amnii*.

Fœtus;—its expansion, or development of parts.

Size of the *fœtus* at different periods of gestation;—

In.		
{ 1st Month ..		} Larger than natural.
{ 2d	$\frac{1}{4}$	
{ 3d	1	
{ 4th	5	
{ 5th	$6\frac{1}{2}$	} Nearly natural, rather small.
{ 6th	$8\frac{1}{2}$	
{ 7th	11	
{ 8th	14	
{ 9th	18	

Twins

Twins at the fourth month, are not above 3 inches ;—generally smaller, than when but one only ;—peculiarities of the fœtus ;—what part first formed ;—external and internal differences ;—fœtus in utero differs materially from one that has breathed ;—principal difference between the fœtus and adult is in the vascular system ;—proportionate size of the parts ;—organs of respiration ;—circulation of the blood ;—fœtal vessels described ; circulation between the fœtus and adult ;—appearance and state of the lungs at the period of parturition.

FUNIS UMBILICALIS.

Composed of three vessels ;—two arteries and a vein ;—a cellular substance, and a membranous covering ;—space between them filled up with a gelatinous mucus ;—is the connecting medium between the fœtus and placenta ;—and is a production of — arteries run in a tortuitous manner ;—varieties and proportion in the size of the

the vessels;—thickness;—depends on the quantity of mucus in their cells;—its insertion in different parts of the placenta;—smallest embryo's have no funis.

OF THE PLACENTA;—definition;—why so called;—varies in size and dimensions;—concave, and convex appearance;—its attachment to the uterus;—component parts of;—its use;—to preserve a medium of connexion between the mother and fœtus.

OF THE CIRCULATION BETWEEN MOTHER AND FŒTUS;—different opinions entertained on this subject.

Structure and ramification of umbilical arteries and veins;—uterine arteries and veins entering the placenta;—maternal portion;—fœtal portion.

Placenta acts as a gland.

Of air admitted into the lungs;—placenta answers the purpose of stomach and lungs.

Form of placenta in twin cases;—great varieties;—appearances in uteri of animals, different from the human species;

species;—different opinions respecting its origin and structure;—it has neither lymphatics or nerves.

OF THE MEMBRANES OF THE OVUM;—two proper to the ovum, called chorion and amnion;—to which there is a third, called tunica decidua;—and a fourth, formed in the early months, denominated tunica reflexa;—placenta entirely formed by the fœtus;—use of these membranes.

OF THE VESICULA UMBILICALIS; CALLED IN BRUTES ALANTOIDES;—receives the urine of the fœtus;—is conveyed by the urachus;—use unknown;—structure of which resembles a gut.

OF THE LIQUOR AMNII, OR WATERS;—quantity in proportion to the size of the different parts of the ovum;—quantity varies in different cases.

Of its nature and origin;—various opinions on this subject;—varies in its colour, transparency, and consistence;—depending on peculiar circumstances,——its chemical properties;—how produced;—its uses.

OF THE NUTRITION OF THE FŒ-
E TUS;

rus ;—this circumstance has engaged the attention of Anatomists and Physiologists, both ancient and modern ;—some have concluded that it was nourished by the mouth only ;—or by the mouth and umbilicus ;—others, by the funis only ; others again by absorption ;—these different opinions investigated.

Conclusive observations.

Changes in the Uterus from Impregnation,

Produces the tunica decidua, or connecting membrane ;—os uteri obstructed by mucus ;—fundus uteri, the first part that assumes a change of distention ;—afterwards the cervix becomes obliterated ;—changes the appearance of the uterus ;—elongates the fallopian tubes, and ligaments ;—changes their position ;—distention not mechanically produced ;—but from an accession of a new principle ;—its axis with that of the pelvis considered ;—its descent in early pregnancy ;

nancy ; — and its ascent into the abdominal cavity ; — in first pregnancies almost perpendicular ; — in subsequent ones more forward ; — encompasses the abdominal viscera ; raised higher and protruded backward in proportion to its ascent and distention between it, and the spine ; — its elevation at the several periods of pregnancy.

Of the thickness of its coats ; — some have asserted, the uterus became thinner in proportion to its distention ; — others contradict this circumstance ; — origin of this opinion ; — true cause ; — by an enlargement of the blood vessels ; veins larger than the arteries ; — arteries remain tortuous ; — ending in the veins ; — advantages resulting ; — vessels mostly enlarged where the placenta is attached.

OF THE CONTRACTION OF THE UTERUS ; — At the period of gestation, a new action supersedes that of ascent and distention, for the expulsion of its contents ; — a thorough knowledge of this principle, and *modus operandi*,

of infinite service as a guide to practice.

DEFINITION OF LABOUR;—uterine action is of two kinds;—1st. periodical;—2d. slow and insensible;—the last depends on the capability of the os uteri to dilate;—there are five causes of uterine action;—primary causes;—immediate causes;—accidental, or adventitious causes;—sympathetic causes;—and the original or true cause of uterine action.

Of the manner in which such effects are produced;—mature action;—premature action;—contraction not confined to the uterus;—generally periodical;—why?—primary cause not understood;—is natural and preternatural;—independent of the will;—is influenced by mental affections;—adventitious causes;—from systematic affections;—or of the organ itself;—sympathetic;—from affections of other parts;—or from stimuli to accelerate that action;—impropriety of such means.

OF EXAMINATIONS PER VAGINAM,
 CALLED THE TACTUS ERUDITUS, OR
 TOUCH;—two circumstances here re-
 quire consideration;—1st. the mode of
 examination;—2d. the information
 thereby gained;—observations there-
 on;—manner of examination;—the
 knowledge which may be gained;—
 both with regard to pregnancy, labour,
 and disease;—when the best opportu-
 nity for making such examination;—
 position of the patient;—differs in
 different countries;—too precipitate
 in making early examinations impro-
 per;—subject to many deceptions;—
 situation and appearance of the os
 uteri;—experience the surest guide to
 direct us.

ON THE SIGNS OF CONCEPTION AND DISEASES OF PREGNANCY.

Changes produced in the constitu-
 tion in consequence of conception;—
 indication very ambiguous, and uncer-
 tain in the earlier months;—most
 troublesome in its early stages;—many
 not

not dependent on pregnancy as a specific cause;—considered as an alteration of that state, not a morbid one.

Symptoms divided into two classes;—in the first, those in the early;—in the second, those of advanced pregnancy.

Period of quickening, the line of division;—these described.

OF SYMPATHY AND IRRITABILITY;
—symptoms of pregnancy enumerated;—where there is no existing disease;—diseases of the uterine system;—the breasts;—abdominal viscera;—obstructions of the menses, &c.—few diseases mistaken for pregnancy;—ascites the only one that comes nearest to it;—difficult to determine from external appearance;—pregnancy sometimes mistaken for ascites.

ON THE PERIOD OF QUICKENING;
—definition;—occurs at different periods;—sometimes other symptoms mistaken for it;—symptoms;—causes of quickening.

ON THE PYREXIAL DISPOSITION
DURING

DURING PREGNANCY;—most experience this disposition in some degree;—often to such a degree as to induce abortion;—often attributed to plethora.

Of diet and exercise during this state;—women often improperly advised;—nature often indicates a remedy;—extremes in either case should be avoided;—the poor suffer less by hard living, than the rich by indulgences.

Quadrupeds suffer little inconvenience during pregnancy, than what arises from mere increase of size.

DISEASES OF PREGNANCY.

OF VOMITINGS DURING PREGNANCY;—a concomitant in the early months;—generally prevails in the morning, or after meals;—duration varies in different cases;—very severe in irritable constitutions;—sometimes occasions abortions;—generally salutary;—sometimes the effect of plethora;—treatment.

OF

OF INDIGESTION; DEPRAVITY,
OR LOSS OF APPETITE;—produced
from the same cause as vomiting;—
only a modification of the same disease;
—treatment.

OF LONGINGS, AND ANTIPATHIES;
—numberless incredible accounts;—
prevalent opinions respecting it, both
with regard to mother and child.

ON CARDIALAGIA, OR HEART-
BURN;—definition;—this arises from
a variety of causes;—treatment.

OF COSTIVENESS;—PREVALENT
AMONG PREGNANT WOMEN;—arises
from different causes;—often an im-
pediment to labour;—a cause of abor-
tions;—and serious consequences af-
ter delivery;—treatment.

OF INDURATED FÆCES;—causes;
—symptoms;—evil consequences at-
tending;—an aggravation of all the
other symptoms;—not peculiarly re-
stricted to pregnant women;—chil-
dren equally liable to it;—sometimes
attended with diarrhœa;—hence often
injudiciously treated;—sometimes
proves fatal if means are not early
used

used to prevent consequent mischief;
—treatment;—similar complaints in
animals;—how treated.

OF HÆMORRHOIDS, OR PILES;—
women more subject to this complaint
than men;—a frequent concomitant
on pregnancy;—causes;—symptoms;
treatment.

Blotches on the skin;—are of little
importance.

ICTERUS GRAVIDARUM, OR TRUE
JAUNDICE.

Arises from the same cause of ute-
rine compression;—treatment.

OF CALCULI.

Sometimes affect pregnancy;—and
labour.

ON TENESMUS, DIARRHŒA, AND
DYSENTERY.

Frequent attendant on pregnancy;
—attended also with pyrexia;—treat-
ment.

OF STRANGURY, AND INCONTI-
NENCE OF URINE.

Definition;—a very troublesome
complaint to many during pregnancy;
—strangury occurs more commonly in

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the

the early months, and incontinence in the latter ;—causes ;—treatment.

OF FLUOR ALBUS.

Consequent to pregnancy ;——definition ;—causes ;—neither prejudicial to mother or child ;—may be of service.

ERATIC PAINS, AND NUMBNESS OF THE INFERIOR EXTREMITIES ;—CRAMPS, &c.

Frequent attendant on pregnancy, and a very troublesome complaint ;—the same may be observed as to cramps ;—and numbness in its advanced stages of gestation ;—often continues till parturition —treatment.

OF ŒDEMA, VARICES OF THE LEGS, THIGHS, AND ABDOMEN ;—they are produced from similar causes to that of hæmorrhoids ;—their visible appearances ;—causes ;—often gives tortuous, and alarming appearances ;—more considerable in twins, and often a sign of them ;—sometimes a foundation of dropsy ;—also to schirrus ;—not attended with detriment ;—treatment.

OF

OF INQUIETUDE, AND WANT OF REST.

Are very common and troublesome at the latter period of gestation!—attended with slight pains in the region of the uterus;—and sometimes pyrexia;—most troublesome in the night;—causes;—treatment.

OF SOLICITUDE, AND ANXIETY.

Causes, principally mental;—treatment.

OF HEAD-ACHS, DROWSINESS, VERTIGOS, AND HEMIPLEGIA.

From affections of the brain;—causes;—treatment.

OF ANASARCA.

A modification of another species of dropsy;—frequent concomitant with gestation;—painful and troublesome to the patient;—causes;—treatment.

PARTIAL DISTENTION OF THE ABDOMEN, AND UMBILICAL HERNIÆ.

Definition;—causes;—not of much importance;—or requiring any assistance.

OF HERNIÆ.

Corpulent women most subject to it ;—consequences ;—treatment.

OF THE DISTENDED, AND PENDULOUS ABDOMEN.

Sometimes increases to a painful degree ;—occasions fissures in the cuticle ;—similar to scarifications, or ulcerations ;—with painful stretching of the muscles ;—causes ;—treatment.

OF THE VENEREAL DISEASE DURING PREGNANCY.

Not necessary at present to enter on the general treatment ;—as easily cured at this period as at any other ;—different opinions and modes of treatment ;—mercury improperly administered ;—whether the child can be affected with the disease, or not ?—rather dubious ;—children of infected parents, frequently born dead.

OF THE SMALL-POX AMONG PREGNANT WOMEN.

Whether there might be a probability of the child in utero being affected ?—practical inferences ;—generally expected to prove fatal to the mother ;—
events

events has too often proved the truth of this observation ;——abortions, or delivery increases the danger ;—many at the same time have recovered.

Practical remarks on the foregoing diseases, to which pregnancy are liable.

General remarks on the salutary effects of pregnancy.

On Utero Gestation.

The situation of the child in utero.

The opinion of the ancients as to its position ;—the opinion of the moderns ;—most natural position ;—may alter its situation.

Period of utero gestation ;—is diversified ;—in different classes of animals ;—hypothesis of the ancients as to its causes ;—in oviparous animals the period of incubation not altered ;—yet not decisive as to the cause ;—great regularity is observed in all classes of animals ;—if not interrupted by accidental causes ;—supposed latitude in the human subject.

Laws

Laws and customs on this subject, in different countries;—in this country the precise term not limited;—great difficulty indetermining this point in individual cases.

Opinions of authors on this subject.

Period in the human subject.

Cases of premature births frequent;—causes;—children born at 6, 7, or 8 months seldom live.

Two ways of reckoning;—the long and short reckoning;—some who give suck do not menstruate;—and many have conceived without it.

Menstruation;—can only be judged of by symptoms and appearances.

Child bears no mark to form an opinion of the term.

Opinion of authors as to the period of labour, and particular time of its occurrence;—general inferences drawn on this subject.

CAUSES OF LABOUR.

On which various opinions have been assigned;—ancients supposed much depended on the child's own efforts;—or to the various changes taken

taken place in the utero gestation ;
 —either in the uterus, or child ;——
 these opinions led them to mal-prac-
 tice ;—in some instances, as yet influ-
 enced by it.

Objections to the ancients hypo-
 theses ;—later authors since imagined
 labour was produced by uterine ac-
 tion alone ;—or by the assistance of
 other parts, and the uterus ;—this
 doctrine was advanced by Fabricius
 ab Aquapendente ;—is the basis of
 modern improvements in the science ;
 —some have endeavoured to prove the
 principles of this action ;—and to
 assign reasons for its coming on at
 particular periods.

Term of gestation, varying in dif-
 ferent animals ;—not known ;—it is a
 law of nature ;——and those laws we
 are unacquainted with ;—observations
 thereon.

Predisposing causes ; — definition ;
 —time of their appearance uncertain ;
 —the more regular their occurrence,
 the more favourable will the process
 be ;——circumstances attending ;——
 from

from changes in the uterus;—changes in the breasts;—also in the ligaments of the pelvis.

On Abortions.

Definition ;—abortions attended with uterine hæmorrhages;—a frequent occurrence in practice;—always requiring great attention.

Those which we now treat of are such as occur previous to the fifth month;—it becomes therefore necessary to place the knowledge we possess of it, in the most advantageous point of view.

Abortions are not peculiar to the human species.

Incident to all classes of women.

Very properly divided into two periods;—practical deductions for this distinction.

CAUSES OF ABORTION ARE VARIOUS.

Causes and symptoms vary very considerably in different women;—do not always occur in the same succession ;

cession;—produced in some by very slight causes;—some will sustain an amazing loss of blood and recover, while others are much injured by it;—may be restrained, or prevented, by timely and proper assistance;—great variety in the manner in which it takes place;—not immediately dangerous in the early stages of gestation;—dependent on the concomitant symptoms;—women may abort of one child, and proceed in gestation with another, as in cases of twins;—practical inferences with respect to its causes.

Authors have attempted to determine the nature of such causes;—at what period women mostly abort;—causes of abortion may primarily exist, either in the passions of the mind;—or in the body;—or from irritability;—or the general state of the uterus;—or its appendages.

Great variety in the appearances of abortions upon expulsion.

OF THE MEANS EMPLOYED WITH
ADVANTAGE FOR ITS PREVENTION,

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AND

AND WHEN THIS CANNOT BE ACCOMPLISHED, THE ASSISTANCE NECESSARY TO BE GIVEN, TO CUT SHORT THE PROCESS, BY FAVOURING EXPULSION.

May vary according to the causes which threatens it.

May arise from passions of the mind ;—or from any external cause ; or injury to the body.

Consequently two indications arise ;—treatment under urgent symptoms ; treatment where abortions cannot easily be prevented, when symptoms of it has once taken place ;—and are increasing.

Of faintness under such circumstances ;—after treatment.

On the propriety of bringing on premature labour ;—much caution is here however required ;—artificial means of procuring abortions reprobated ;—means of preventing a recurrence of abortions, and their management.

INDICATIONS OF THE DEATH OF THE FÆTUS.

Previous to the accession ;—and
during

during parturition ;—importance of ascertaining this circumstance ;—many equivocal signs mentioned by authors ;—causes of the death of the foetus ;—by previous disease, or in consequence of labour.

On Labours, and their Classifications.

Definition of labour.

Necessary to be understood ;—requiring often the utmost skill and attention ;—the absolute necessity therefore of dividing them into classes.

Classification of Hippocrates, and other early writers, to the 15th century.

Varied at different periods, agreeable to the opinions of different authors.

Dr. Smellie's.

Dr. Denman's.

Dr. Osborn's.

Dr. Lowder's.

The division by midwives, &c.

By the Author.

The presentation of the cranium

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constitutes

constitutes the most essential part of the definition of a natural labour.

Calculations of the proportion of the several classes of labours.

Management and position of women during labour;—in other countries;—position commonly preferred in this country;—preparatory to labour, the making, and guarding the bed;—the dress of the patient should also be properly adjusted;—the position for delivery not particularly necessary, till the delivery is supposed to be near at hand.

SYMPTOMS MARKING THE PROGRESS OF LABOUR.

First indication;—mental affections;—the patients should be encouraged with hope, and attention to her complaints by the accoucher.

Second indication;—bodily affections.

Rigors during labour.

Third indication;—pressure of the cranium on the cervix of the bladder;—occasioning a difficulty in the discharge of urine, requiring frequently the

the use of the catheter;—sometimes by pressure on the fundus of the bladder, occasions an involuntary discharge.

Best time for the introduction of the catheter, and general treatment.

How best introduced during labour.

Fourth indication;—Of tenesmus, or diarrhœa, through pregnancy, partuition, and child-bed;—treatment required when in the opposite extreme.

Fifth indication;—Of uterine discharges, denominated appearances.

Sixth indication;—Of pains, proving the existence of labour;—divided into two kinds;—true, and false, or spurious pains, resembling real labour pains;—true pains;—varieties in the seat of the pains.

Convulsions frequently occur in labour;—causes;—treatment.

ON UTERINE CONTRACTION.

MUSCULAR STRUCTURE OF THE UTERUS CONSIDERED.

Uterine action of two kinds;—
first;

first;—vigorous and periodical, with great regularity.

Second—slow and insensible.

Of the first, there are general and partial, denoted by a peculiar tone of voice;—indicating the state of uterine contraction;—tends to the extrusion of its contents;—this should be made familiar to the accoucheur or he may be liable to error.

The second answering no useful purpose;—thence called perverse, or false pains;—necessity of patience recommended.

Causes of false pains;—in some cases true and false pains, bears so close a resemblance, that they cannot be distinguished, but by an examination per vaginam, or waiting the event.

On the contraction and dilitation of the os uteri;—powers of the uterus limited;—is not at all times capable of expelling its contents;—assisted often by the action of the abdominal muscles, and other parts;—false pains
should

should be removed;—these must be guided by the cause;—attempts to increase pain by the dilatation of the os externum and vagina injurious practice.

On the three Stages of Labour, viz.

Accession;—dilatation, — and expulsion;—and its continuation, or the expulsion of the placenta.

Observations on the first stage, or accession, to the dilatation of the os uteri, and evacuation of the liquor amnii, or waters of the ovum;—state of the os uteri in labour;—duration of this stage, or accession very uncertain.

On what circumstance, this uncertainty of dilatation depends;—generally more difficult and tedious, in first than in subsequent labours.

In some constitutions it produces a degree of insensibility, or profound sleep;— in others, from sympathy and consent with the stomach, sickness or vomiting is induced.

All

All artificial interposition of, or dilatation of the os uteri improper and injurious ;—discharge of the waters.

Children born with cauls ;—nothing more than a portion of membranes encompassing the cranium ; superstitious opinion concerning them.

On the second stage of labour ;—definition ;—a proper and due concurrence of the dilatation of the os uteri, and of the retention of the waters of the ovum by the membranes, favourable to this stage ;—discharge of the liquor amnii ;—passage of the cranium through the pelvis.

Its situation previous to the accession of labour.

The shape it assumes, through the cavity which it has to pass ;—necessary to facilitate delivery.

Cranium morbidly enlarged ; or any irregularity in the form and dimensions of the cavity of the pelvis ; or any misplaced pressure on it ;—this change then cannot take place ;—renders the progress of labour of another class.

On

On the third stage, or expulsion of the cranium ;—the cranium resting on the perinæum ;—guarding the perinæum ;—consequences of laceration of the perinæum ;—dilatation of the external orifice ;—injurious and improper ;—extrusion of the cranium ;—expulsion of the shoulders ; placing the child in its proper situation when delivered.

OF THE CONTINUATION OF THE THIRD STAGE OF LABOUR, WITH REGARD TO THE NATURAL EXPULSION, AND SAFE EXTRACTION OF THE PLACENTA.

Defininition ;—the ancients delayed the separation of the funis ;—After that, a reverse practice was employed.

When the division should be made ;—for what reasons ;—in some cases delaying the separation seems necessary —quadrupeds require no ligature ;—why ?

With respect to the manner of tying the ligature ;—some contend for one ;—others, for the double ligature ;—and some for its omission altoget-

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ther;—cases where the double ligature appears necessary;—why?—where the ligature should be applied;—materials used for the purpose; of what composed;—how formed.

Manner of dividing the funis;—necessity of observing what the accoucheur is doing, as fatal accidents to the child from careless separation have occurred.

The next circumstance is handling and lifting the child into the receiver.

Necessity of examining if there be another child in utero, &c.—to be ascertained in two ways;—either by external, or internal examination.

On the usual process by which the delivery of the placenta is accomplished;—when the effort should be made;—manner of extracting it.

ON ITS SPONTANEOUS EXPULSION.

Would generally take place;—should be suffered to continue till excluded by the pains;—time of retention very uncertain;—the membranes to be carefully extracted with the placenta;—the subject of its management
has

has created a great diversity of opinion, both in ancient and modern times;—some have contended for leaving the process in all cases to nature;—others, for its expulsion;—their reasons for leaving it examined;—objections to the practice as dangerous;—in all natural cases should be trusted to nature, unless urgent symptoms demanded assistance;—sometimes expelled in an inverted state.

Women's minds extremely solicitous for its speedy extraction;—this circumstance has induced some to act prematurely.

On the proper management of the placenta the safety of the patient may depend;—patient should be allowed some time to recover from fatigue, after the delivery of the child;—what time generally thought necessary;—by what rules we are to be guided, as to the proper time for such extraction.

CIRCUMSTANCES WHICH RENDER ITS EXTRACTION MORE DIFFICULT, AND PERPLEXING.

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Why?

Why? and how it should be so retained?

Causes are of two kinds;—may be either dependent on the mother, or on the placenta, and funis.

Muscular structure of the uterus, as described by Haller, &c. considered;—peculiar contraction;—inertness, or want of contraction;—morbid adhæ-sions;—partial adhæ-sions;—how known;—mode of treatment under such circumstances;—practical deductions.

Weakness or rupture of the funis umbilicalis;—may arise from these circumstances.

1st. By the exertion of too much force applied;—2dly. Its improper attachment;—3dly. Its bulk;—and 4thly. From incipient putrescency. These separately considered;—practical inferences.

Of the extraction of the placenta in cases of hæmorrhage.

Of the management and treatment generally adopted in such cases;—hasty extraction in some cases may induce

induce hæmorrhage;—in others may prevent it;—not necessary in all cases to introduce the hand;—hæmorrhages sometimes requires its introduction;—laceration of the funis requires it.

Ought never to be introduced, but from necessity;—should if possible be always avoided;—practical deductions.

Method employed of introducing the hand, and acting with it in the uterus.

Of extracting the placenta when retained, by the inert, or irregular contraction of the uterus.

Of the introduction of the hand for its extraction in such cases.

By what the placenta is known to advance.

Of the formation of coagula in the uterus;—of their exclusion;—treatment.

Of the morbid changes which take place in the placenta;—renders its extraction more difficult and perplexing;—consequences of long retention.

Funis

Funis arising from the centre of the placenta ;—weakness of its vessels.

Of hæmorrhages following the separation, and expulsion of the placenta ; generally described as an immoderate flux of the lochia ;—varies more or less in different women ;—practical deductions of the extraction of the placenta in such cases ;—time required in the extraction ;—means employed to prevent hæmorrhage ;—disposal of the placenta, or any coagula when extracted ;—axioms, with regard to the management of the placenta to command success.

ON LINGERING LABOURS.

Necessary to form some distinction between lingering, or protracted, and difficult labours.

Definition.

Causes, referred to those different states of danger to the patient ;—to those respecting the child ;—each requiring different modes of treatment, or means of art to afford relief.

This

This class of labours, often a cause of much anxiety and dissatisfaction ;—pains becoming irregular and imperfect ;—the length of time the labour has continued ;—patient becoming exhausted from fatigue ;—and general debility ;—with intervals of unrefreshing sleep ;—the cranium not becoming elongated, and forced into the pelvis, an opinion may be formed ;—will often require several days ;—generally concludes with safety both to mother and child.

Causes arising from the mother.

Of general and local debility ;—causes ;—treatment.

Causes of protracted labours, have been extended almost ad infinitum ;—it can only be those, therefore, that are apparent, and to which a remedy can be applied, that merit much attention.

These may be reduced to four general heads.

1st. Those from want of power, or impaired uterine action ;—2dly. Rigidity of the parts concerned ;—3dly.

Dispro-

Disproportion between the dimensions of the pelvis and fœtal cranium;——
4thly. Those from some affection produced in the repository organs.

Repeated hæmorrhages, convulsions, and epilepsy.

Primordial causes of convulsions, and epilepsy, difficult to determine;—general causes;—treatment;——requires expeditious delivery.

Hæmorrhages;——causes;—treatment;—expeditious delivery.

Faintness;—often constitutional;—more prevalent in lingering labours;—causes;—treatment;——often requires expeditious delivery.

Affections of the repository organs;—causes;—treatment.

Irregular or partial contractions of the uterus;—duration uncertain;——subject to frequent and peculiar alterations;—requires great patience.

Cramps;—affects various parts;—often extremely troublesome;—causes;—relieved by delivery;—sometimes continues for some period after;—do not occur in some till after parturition;
—not

—not considered as dangerous;—
treatment.

Passions or emotions of the mind ;—
their effect on labour;—by inducing
or retarding labour pains;—treat-
ment.

Local impediments ;—are of two
kinds ;—those which respect the ca-
vity of the pelvis, and foetal cranium ;
—and those which respect the soft
parts.

The bones of the pelvis, (generally
speaking) form the most obstinate re-
sistance ;—contractions of the superior
and inferior aperture ;—incurvations
in the cavity, or capacity.

Dimensions of the foetal cranium,
relative to the pelvis.

Rigidity of the soft parts ;—a com-
mon cause of protracted labour ;—
consequently more so in first than
subsequent labours ;—in some degree
expected to be greater in robust ath-
letic habits ;—or in those of more ad-
vanced age ;—treatment of such
cases.

Contraction of the vagina, and os
I externum ;

externum;—from original structure, or formation;—from injuries previously received;—require also peculiar attention.

Schirrus tumours, polypi, and excrescences of the os uteri;—vagina, and rectum;—treatment.

Indurated fæces in the rectum;—protract labour;—how known;—treatment.

Stone in the bladder, or urethra;—seldom occurs in practice;—effects on labour, &c.—women less subject to calculi than men;—treatment.

Distention of the bladder;—not an unfrequent complaint in this class of labours;—causes;—dangerous consequences attending;—treatment.

Obliquity of the uterus;—not a general cause of difficult labours, unless combined with other causes;—treatment.

Of those causes which respect the child.

Cranium enlarged;—natural disproportion between it, and the pelvis;—morbid enlargement;—unusual degree

gree of ossification ;—Tumours on the scalp ;—Hydrocephalous ;—how distinguished by examination ;—treatment.

Rigidity of the membranes ;—how it retards labour ;—treatment.

Weakness of the membranes ;—how it produces the same cause ;—difficult of prevention ;—treatment.

Extreme rigidity of the os uteri ;—causes ;—treatment.

Circumvolution of the funis ;—causes ;—symptoms—how discovered ;—treatment under such circumstances.

Another cause of protracted labour assigned, is dead children ;—causes ;—treatment.

A cause also as deserving of consideration, is the wrong position of the cranium.

Of which there are three varieties ;—and a fourth with one or both arms.

The first, The face towards the pubis.

The second, towards the ischium.

Third, the face towards the hollow

of the sacrum ;—which last is always considered as the standard position.

How these different positions are ascertained ;—care required to guard the perinæum from laceration ;—requires a greater length of time for the completion of the delivery.

Pubis cases may be turned ;—treatment.

Of the fourth variety, or that presentation with one or both arms ;—occasions difficulties similar to where the pelvis is small, or distorted ;—treatment in such cases, —these form an important part of the attendant accoucheur.

Rupture of the uterus ;—causes ;—occurs either posteriorly ;—anteriorly ;—or laterally ;—generally posteriorly ; and usually near the union of the cervix with the vagina ;—on some occasions unavoidable.

In some instances cannot possibly be discovered or prevented ;—in some may be avoided ;—how discovered when it has occurred ;—symptoms ;—distinguished

distinguished by external examination ;—generally proves fatal.

On Laborious Labours.

Definition.

Situation of the cranium in laborious cases ;—how discovered on examination.

Are divided into two classes.

First, wherein manual assistance alone is required.

Second, wherein instruments are required.

Indications explaining the necessity of delivering by such means ;—formerly all protracted labours, were referred to this class, or removed by instruments ;—often hazardous, and precarious ;——in general principally trusted to nature ;—patience here the only remedy.

In cases of hæmorrhages or convulsions turning sometimes recommended ;—in general trusted principally to nature.

Instrumental deliveries ;—the principal

cipal intention in their use and application.

Are of three kinds, or classes ;—the first ;—is, without doing any injury to either parent or child ;—effected by the vectis, or lever, and the fillet or forceps.

The second ;—the preservation of the mother by destroying the child ;—by the crotchet, and perforator, or long scissars.

The third ;—that of the child by the Cæsarean section.

Explanation of the different instruments.

First, of the fillet ;—used as early as the time of Hippocrates ;—now used by very few practitioners ;—its explanation and use.

Second ;—the vectis, or lever ;—varieties in the construction of this instrument ;—is capable of doing considerable injury ;—a single blade of the forceps might on several occasions be used in its stead ;—is by some recommended in preference to the forceps.

Third ;

Third ;—the forceps ;—great variety of changes in their construction ;—of what they have principally consisted ;—by whom first used ;—difficult to determine.

Of those now recommended to be used in modern practice.

Method of applying the forceps in urgent cases with advantage ;—what stages of labour proper to be applied ;—the principal intention of their use ;—to supply by such means the real want, or deficiency of natural powers ;—when they should come under contemplation ;—under what circumstances ;—should be used in urgent cases only.

Of their introduction, and application to the cranium.

Of the several situations, and positions, indicating their use, where they can, or cannot be applied with success, exemplified by a pelvis, and foetal cranium.

Their unnecessary use ;—often productive of much injury to mother and child.

Of

Of those cases where the cause of protraction is such that the child must be destroyed to save the life of the parent.

Doubtful cases should always require great deliberation.

Rendered necessary by the narrowness of the pelvis;—or dimensions of the cranium;—their varieties and construction ascertained, with observations requiring the absolute necessity of performing Embryotomy;—the Cæsarion section; or the division of the Symphysis pubis.

Observations respecting the destruction of one life, for the preservation of the other.

The instruments of the ancients discarded, as cruel and injurious.

On the object and propriety of the operation.

Cautions in the manner of performing it.

Manner of performing the Operation of Embryotomy.

Preliminary observations;—when the

the operation may be performed ;—
 some exceptions to the general rules ;
 —importance of ascertaining the
 death of the child ; either by previous
 disease ; or in consequence of labour ;
 —causes of ;—circumstances of such
 cases cannot be too often impressed on
 the memory.

The different instruments employed
 in this operation explained.

These are ;—the perforator, or long
 scissars ;—the blunt hook, or crotchet ;
 —the only ones now in practical use.

Their description, and use ;—intro-
 duction, and manner of using them ;
 —manner of placing the patient for
 the operation.

Of the operation itself ;—is divided
 into two stages.

First ;—the aperture formed, to di-
 minish the volume of the cranium.

Second ;—its extraction.

The instrument capable of doing
 much injury to the mother ;—espe-
 cially in the hands of timid, or igno-
 rant persons ;—in some cases tumours

K often

often found on the presenting part ;—how to manage such cases ;—in some also the cranium will frequently be expelled, by the pains, after the contents are evacuated.

Second stage, more perplexing and troublesome.

Of the time recommended to wait, previous to its extraction, after it has been destroyed ;—when the pains are gone off, or are insufficient ;—how managed in such cases ;—base of the cranium constitutes the principal difficulty in very narrow pelves ;—where the crotchet should be fixed ;—necessary in some cases that the bones should be previously removed, to prevent injury to the soft parts ;—the operation should be done with circumspection and deliberation.

Of its extraction ;—where the shoulders and body, prevent its progress ;—subsequent treatment ;—as much respite as possible should be given the patient ;—should be also supported by nourishing drinks ;—attention also in
these

these cases should be paid to the bladder of urine;—by the timely use of the catheter if necessary.

Of the extraction of the cranium in unfavourable situations when not alterable.

Face presentations.

Presentations of the ear.

When the body is delivered before the head;—or the cranium unskilfully separated and left in the uterus.

The child is not to be unnecessarily lacerated, or disfigured.

The bones, if any remain, are to be extracted, and the child left as sightly as possible.

On the Section of the Symphysis Pubis.

On the propriety of producing premature labour, with a view of superseding the necessity of performing the operation of embryotomy.

Causes inducing the propriety of this circumstance; from whence it originated.

Three propositions here arise.

First;—by inducing such a management in the patient, as to prevent a complete evolution of the child;—or to retain it of an imperfect growth.

Secondly;—by producing premature labour, while the foetus was yet small in size.

And thirdly;—by the enlargement of the pelvis itself; by the section of the symphysis of the ossa pubis.

The propriety and utility of premature delivery considered;—many objections to it.

On the section of the symphysis pubis, with a view of saving both the parent and child.

Opinion of the ancients, with respect to the separation of the bones.

Opinion of the moderns.

First invented and patronized by the French.

Small space gained to procure a passage for the cranium.

Many successful and unsuccessful cases.

Consequences arising from the operation ;

ration ;—has proved hazardous, and sometimes fatal ;—from violence used.

Manner in which the operation is performed ;—extraction of the child ;—the bad effects which might probably arise from the operation itself.

The late Dr. Leake a strong advocate for it ;—his reasons assigned ;—ground of his arguments unjust, and unsafe ;—inferences drawn from Mr. Sigault's operation ;—reasons for wholly disapproving of the operation ;—by no means justifiable, or adequate to the purpose intended.

The late Dr. William Hunter's disapprobation of it ;—his remarks thereon.

Dr. Osborn's publication ;—observations thereon.

On the Cæsarean Section, with a view of extracting the Child.

Its history ;—performed only where delivery is not attainable by the natural passage ;—or in cases of the mother's sudden death.

Causes ;—whence the name derived ;
—different

—different appellations;—several have written against the operation;—some advocates for it;—performed by a sow-gelder, in Germany, on the body of his wife.

Dimensions of the pelvis, requiring the section.

What operations of the kind have been performed in this, and other countries;—fatality attending;—supposed causes of such fatality.

Several successful and unsuccessful cases:

May be superseded by embryotomy.

Circumstances have been mentioned as giving a sanction to the operation;—these severally considered;—cases seldom do occur that require it.

Of the manner of performing the operation;—some preparatory steps necessary;—position of the patient.

The situation or place, where it should be performed through the abdominal cavity;—various parts and directions, in which it has been performed;—which the most frequent.

Extent of the external incision.

Of

Of the uterine incision ;—the prevention of blood being effused into the abdominal cavity ;—how avoided.

Of the extraction of the fœtus ;—renders a further extent of the incision necessary.

Of the extraction of the placenta ;—and removal of any coagula.

Of the after treatment ;—closing the abdominal and uterine incisions ; considered as of the utmost importance in practice.

Two indications demand peculiar attention.

First ;—to produce adhæ^sion of the incisions.

Secondly ;—to prevent as much as possible spreading inflammation.

The first, effected by an accurate re-union of the divided parts ;—different methods recommended ;—dressing the external incision.

The second, or prevention of the admission of air into the abdominal cavity appears the most important ;—patient's regimen ;—medical treatment.

On Extra-uterine Cases.

These may be either ;— tubal ;— ovarial ;—or ventral.

These are occasioned by that part of the process of conception failing, where the impregnated ovum, instead of returning through the fallopian tubes into the uterus, is either detained, in one of them, or the ovaries, or probably not received into them, falls into the abdominal cavity, and instead of terminating by the common passages, terminate sometimes in the form of abscesses, in the abdomen, from which, a putrid fœtus, or probably some of its bones are discharged ; at others, escaping by the rectum.

At, or near, the usual period of gestation, pains may ensue, similar to what occurs in a natural labour, which continues till the child is dead ; but labour does not advance, these may on occasions frequently return, but at last goes off.

A woman may continue in this state
for

for years, and at last be subjected to an operation,—or she may pass through life, by the gradual decay of the fœtus, without its being discovered, but by dissection;—when probably it may only consist of a few bones;—symptoms;—has been mistaken for schirrus, and hydrops ovarii.

Of the operation in extra uterine cases;—incision must be made, wherever the fœtus may be situated;—there is generally attendant on this operation, more internal hæmorrhage, and extravasation, than in uterine cases;—greater exposure also of the abdominal cavity to the atmospheric air.

On leaving the placenta attached ; —practical inferences on the propriety of separating, or extracting the placenta ;—or leaving the process to nature.

On Preternatural Labours.

Definition.

In these cases, the cranium is always

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the last part, which is to be extracted.
 These may be divided into two orders.

First ;—when the breech or inferior extremities present.

Second ;—when any other part ; or the arm, or the shoulders present ;—the latter requires the assistance of art ;—therefore turning necessary ;—the former that of nature alone.

Causes of such presentations ;—how ascertained on examination.

Symptoms uncertain and equivocal.

How to distinguish one part from another.

Often attended with difficulty and danger ;—why ?—proves the necessity of art.

Difficult to divide these sort of labours into classes.

The presentation of the feet being the most simple and easy ;—ought first to be considered.

Previous to delivery being attempted, the waters should be carefully preserved ;—the os uteri also fully dilated ;—

lated;—why these circumstances should be carefully attended to?

The manner of conducting the delivery;—preparatory measures necessary;—preparing the arm;—discovering the membranes;—rupture of the membranes;—bringing down the feet;—feet to be distinguished from the hands.

Rules for the operation not difficult.

Principal object is to ascertain the presenting part, before we attempt to deliver;—bringing down the body;—turning the vertebræ of the child to the symphysis pubis of the mother, if necessary, previous to its passage through the pelvis;—guarding the funis from compression;—sometimes retards the labour;—bringing down the arms;—dangers attending;—the extraction of the head;—danger attending its retention;—necessity of guarding the perinæum;—the cranium may from rash exertions be separated.

A head morbidly enlarged, or the

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pelvis

pelvis contracted;—may require the forceps, or perforator.

Where one foot presents;—the extraction of the presenting foot;—how to discover the other foot;—the delivery to be compleated as in the former case, or partly as a breech and footling case;—attention should be paid to the mechanism of the joints.

One or both knees presenting;—need not be brought down in all cases, unless required.

Breech presentations;—the most common after the head;—varieties in these cases;—how ascertained;—frequently deliverable without much difficulty, or even bringing down the feet.

In all cases, except with first children, where the pelvis is no ways distorted, or any mal-conformation, or morbid affection of the cranium, and pains sufficiently strong; nature will in general terminate the case.

On the contrary, where they do exist, art becomes necessary.

When assistance can be given, at
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the external orifice, a finger or two may be introduced in the groin ;—in some cases, a ligature will be found useful and convenient ;—should urgent necessity require immediate delivery, a blunt hook, or crotchet may be introduced ;—cautions respecting the giving assistance in such cases ; in some cases frequently deliverable, without first extracting the feet :—less danger of consequence incurred either to mother and child.

Where the pelvis is much distorted, as not to allow the breech to pass, the legs must be first brought down, and the head opened.

How to proceed where the abdomen of the child is situated either laterally to the pelvis, or to the pubis, or sacrum.

Compression of the funis often the consequence of children being born dead.

Placenta usually managed without much difficulty.

OF DELIVERY WHERE THE SUPERIOR EXTREMITY IS PROTRUDED
THROUGH

THROUGH THE VAGINA, AS FAR AS THE SHOULDER, ATTENDED WITH OTHER VERY CONSIDERABLE DIFFICULTIES OCCURRING TO THIS OPERATION REQUIRING PECULIAR ATTENTION.

Necessity of patience and deliberation.

The position of the child should be precisely ascertained.

How to distinguish the hands from the feet.

The state of uterine contraction necessary to be known ;—necessary to be removed or lessened by opiates, previous to turning the child.

Three kinds of uterine contraction ;—these explained ;—practical inferences drawn ;—difficulty greater where the waters have long escaped ;—danger attending rash proceedings ;—sometimes the cranium is so impacted in the pelvis, that a return of the arm would be impossible ;—and in some, where the pains are urgent, generally hazardous ;—the practice in former times on such occasions.

How

How to proceed when the operation of turning is determined upon ;—what cases require it ;—position of the patient ;—the parts to be sufficiently dilated ;—preparing the hand and arm previous to its introduction ;—to carry it up to the feet, in the most gentle manner possible, desisting in our attempts during uterine contraction ;—proceeding at intervals, that no injury may be done from our exertions ;—at the same time, though in the progress, the efforts may be very discouraging, no sort of hurry or violence is to be used, however difficult the case may be, but by perseverance and proper management, the delivery may be accomplished.

In bringing down the feet or knees, attention must be paid to the mechanism of the joints ;—and to carefully examine that an arm is not mistook for a leg before its extraction.

The application of the noose to the feet.

On changing the position of the child, should the body be confined in the pelvis. The

The extraction of the body and extremities.

Delivery to be completed as in a footling case;—guarding the perinæum.

Of the spontaneous evolution of the child in arm cases.

In such cases, children are usually expelled dead;—cannot be trusted to in all cases.

Of the back presentation.

May be readily ascertained by feeling the spinous processes of the vertebræ.

The peculiarity in the mode of turning in these cases, consists in conveying the hand to the feet, by crossing the back;—the principles being understood, the application becomes easy.

Abdomen, side, or breast presentations.

These may be known by the funis, being sometimes prolapsed.

Vertebræ and ribs.

In abdominal cases, feet often misplaced.

Funis

Funis often from being prolapsed, becomes very liable to compression.

In transverse situations, the abdomen is the most common.

In these cases, as well as the former, the principles being understood, in obtaining the feet, there can be no difficulty in accomplishing the delivery;—consequently the extension of rules to too great length does not seem requisite;—yet it is necessary to adopt some for practical purposes.

Anomalous Labours.

These are defined, as being attended with hæmorrhage; or convulsions;—where the funis is compressed;—and of plurality of children.

Of which the first and most important is, flooding cases.

And these are, first;—those kind of uterine hæmorrhages happening at any period after the 5th month previous to parturition.

Secondly;—Durante partu.

M Thirdly;

Thirdly ;—Subsequent to parturition.

Fourthly ;—After the expulsion of the placenta.

Remote causes.

Proximate causes ;—are a separation of a portion of the placenta.

These often arise from its being attached over, or near the os uteri.

Symptoms.

Dangerous consequences attending at this period.

First, from hæmorrhage.

Secondly ;—from symptomatic fever in consequence of that loss.

Thirdly ;—from a tendency to ascites

The degree of danger will here principally depend on the quantity which may be lost, together with the state of the pulse, &c.

A continuance, or repetition of such discharges adds considerably to weaken the patient ; indicates the propriety of speedy delivery ;—either by inviting natural labour, or by the more active practice of turning.

Second ; Durante partu.

Hæmorrhages

Hæmorrhages arising at this period, occur from the placenta being either attached at the cervix, or over the os uteri.

The hæmorrhage will be in proportion to the space of such attachment over the os uteri, or to the quantity separated, and frequently is attended with as much danger when found at its mere edge, as when placed over it.

Active assistance will in such cases be generally required.

Speedy delivery, by turning, will be expedient, as soon as the hand can be introduced.

Danger attending delay;—to be judged of by the state of the pulse, countenance, &c.

Manner of conducting and performing the operation in such cases.

Third;—Floodings subsequent to parturition.

Frequently the consequence of the inert, or irregular action of the uterus;—or by a preternatural, or schirrus adhæsion of the placenta to the uterus.

The danger here may be estimated,

as in other cases ;—nature cannot always with safety be trusted to.

Of the extraction of the placenta, when determined on, in such cases,

Stimulating the uterus to produce its action, by introducing the hand.

Of the irregular action of the uterus, called the hour-glass contraction ;—dividing it into two cavities.

Placenta in such cases must be extracted by art.

Manner of introducing the hand into the uterus for its extraction in these cases.

From preternatural, or schirrus adhesions of the placenta.

Often difficult to make a separation in such cases, without doing great injury.

These cases will generally require the introduction of the hand, if the funis is torn away ;—proper caution and management here required.

Necessary to extract it in cases of hæmorrhages, &c.

Here the operative part ceases.

OF MEDICAL TREATMENT OF
UTERINE

UTERINE HÆMORRHAGES AT THIS PERIOD.

Its first effects are deliquium animi, which puts a stop to the discharge for a while ;—stimulants and cordials here objected to ;—quietude recommended ;—the external, and internal application of cold, the best stimulant ;—some have advised opiates ;—these do harm.

State of the os uteri should also be attended to in profuse hæmorrhages.

The different states of the patient considered.

The active treatment of course required, must be regulated by its degree ;—faultering pulse, deliquium animi, laborious respiration, cadaverous countenance, require the immediate assistance of art.

Convulsions.

These are peculiarly to be deprecated, as being alarming both to the accoucheur and patient.

Symptoms foreboding them ;—may be either acute, or chronic.

Differ

Differ from *hysteriæ*, or from convulsions produced from other causes.

Causes, are from *plethora*, irritability, or inanition ;—these should be carefully distinguished from each other.

Plethora may be easily removed, inanition less so ;—consequently more dangerous.

Plethora and irritability should if possible be removed.

Particular attention should also be paid to the state of labour, and if not too far advanced, to the *primæ viæ*.

Seat of irritation should also be attended to, if from that cause.

In some chronic cases, convulsions are not so well marked ;—approaching more to the nature of *hysteriæ* ;—consequently the distinction between acute and chronic should be marked.

The state of the mind should also be regarded, for, from too frequent a repetition of the acute kind, with intervals not lucid, portend the utmost danger.

Treatment of convulsions ;—must be regulated by the cause.

Two

Two methods recommended.

The first, is simply palliative, by lessening primary irritation, if such exists in the uterus, or from plethora, by bleeding, and local applications, by attention also to the *primæ viæ*, to remove any cause of irritation there existing;—by enemas, *assa fœtida*, and opium;—by emetics, the warm bath, and all the class of nervous medicines may be tried.

The second method, consists in assisting those means, by the application of mechanical powers, to facilitate the progress of labour.

The propriety of promoting delivery in these cases considered.

Method of conducting it under these circumstances.

Of the prolapsed Funis.

May be distinguished from the involucra or membranes, by its pulsation.

Causes of protrusion.

Very liable to compression.

Its

Its consequences ;—endangers the life of the child, by intercepting the circulation between it, and the placenta.

The principal attention in such case, will be, the prevention of such compression ;—either first, by the replacement of the prolapsed funis, out of compression ;—or secondly, by the alteration of the part presenting, by turning, and extracting by the feet.

In these cases some favor turning ; others oppose it.

The principal object in view is to save the lives of both mother and child if possible ;— consequently turning ought not to be attempted unless there is a prospect of success.

Can only be employed, or even admissible, but under the four following considerations, viz.

First,—a compleat dilation of the os uteri, and relaxation of the external orifice, to admit of a ready extraction of the cranium.

Secondly,—pulsation of the funis, proving its existence.

Thirdly,

Thirdly,—pains not strong.

Fourthly,—the cranium not engaged in the pelvis.

The blunt hook, on several occasions has been applied for the purpose of replacement;—may be injurious both to mother and child;—wrapping up the descended part, &c.

ON STILL-BORN INFANTS.

Children are often born apparently dead;—causes.

Mode of recovering them when still born.

Of Delivery in Cases of Pleurality of Children.

Comparative statement of the number of young produced in different animals;—in the human subject.

The existence of plurality;—how ascertained.

Rules very equivocal, and uncertain;—cannot be judged of during pregnancy.

Circumstances do occur during parturition, and after the expulsion of the

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first

first child, by which more particular information may be gained.

An opinion may then be formed.

First, from the pains.

Secondly, by examination per vaginam.

Thirdly, by external examination.

Fourthly, the difficulty there is in the management of the placenta in twin cases.

External examination generally the most preferable way of judging.

Of the management in cases of plurality.

In labours, where there is but one, is rightly understood, those of twins cannot be difficult.

Of the management of the second child.

Three methods are recommended.

First,—to deliver immediately on the expulsion of the first.

Secondly,—to commit the labour entirely to nature.

And thirdly,—to adopt an intermediate course.

The two first propositions objected to ;—

to ;——the intermediate therefore recommended, as the most eligible.

Of the propriety of concealing our knowledge of the second child, until the first is nearly born ;—why?

How this is to be effected.

Cases which require turning, where there is but one, require it equally in twins.

Generally different presentations.

How to proceed in cases of suspended uterine action.

Intervals between the deliveries uncertain.

Of the management of the placenta in pleurality.

Must not be extracted until all the children are delivered ;—why?

Manner of extracting it in such cases.

Of the Delivery of Monstrous Children.

These are fœtus's differing from the common form.

Mode of formation extremely obscure.

Causes of such *lusus naturæ* ;—difficult to be defined.

Often constitute difficult labours.

Great variety of monsters.

A knowledge of such variety necessary with regard to practice.

Monsters relative to practice may be divided into such, as have a deficiency ;—redundancy ;—malformation ;—and transposition of parts.

Practical observations on each of these.

Some of these no impediment to parturition.

No certain rules can be laid down in these cases ;—chiefly directed by the circumstance of the case.

Some require surgical operations after delivery.

Treatment of Women after Delivery.

Should parturition be not attended with any unfavourable circumstance, and proceed properly, most women would recover without any medical assistance, or generally a very simple treatment only required.

Generally

Generally much fatigued from exertions in labour;—occasioning a considerable degree of pain afterwards;—inducing a peculiar state of debility, and faintness;—quick pulse;—and symptoms of irritability;—seldom much troubled, however, with after-pains with first children.

After delivery, therefore, the patient should not be disturbed, or moved, for several hours.

Of lochial discharges.

Varies in quantity;—change of colour;—disappears at different periods, in different women, according to circumstances.

Of mental affections.

Some become greatly exhilarated after delivery;—and the head becomes affected;—others again much dejected;—here rest being the greatest restorative, every means should be employed to promote tranquillity, and safe recovery;—all visitors should be excluded from the apartment;—overheating the apartments with fire.

Of confined air;—changing the
bed-

bed-clothes, and dress;—removal of every offensive article from the room;—what the proper dress for the patient;—injurious effects of giving cordials, spirits, &c.

What the most proper nourishment for women in the parturient state;—in some degree to be guided by the patient's usual mode of living;—too great indulgences more dangerous, than abstemiousness;—those women recover best in whom the least change is made;—allowances being made for the difference of constitutions;—also for climates and seasons.

Period of confinement to the bed;—to the apartment;—when the proper time to go abroad in the open air.

Of binding up the abdomen;—not considered as necessary;—where some degree of compression is thought necessary, when, and what should be applied;—binding the abdomen too tight a cause of much mischief;—the common method used inadequate and unequal.

*Of the Management of the Breasts,
and Lacteal Fever.*

Generally comes on the third day after delivery ;—is accompanied with rigors ;—restlessness ;—a degree of febrile irritation ;—pains in the head, and distention of the breasts ;—duration generally from 12 to 18 hours ;—these symptoms abate on the milk discharging from the lactiferous vessels.

Time when the child should be applied ;—difficulty of drawing some breasts ;—particularly among those with first children ;—from nipples badly formed ;—means of drawing the breasts ;—practice of rubbing them with oil, &c.

Of the distention of the breasts, becoming inflamed, hard and knotty, accompanied with febrile symptoms.

Of the propriety of using repellents in cases, where women do not intend suckling.

Many in consequence wish the milk repelled ;—in some this may be effected
with

with ease and safety ;—in others not ;
 —attention here is necessary to prevent abscesses if possible from forming ;—as also the feverish disposition ;
 —rubbing, squeezing, or drawing the breasts, and the use of repellents generally prejudicial.

Some on the contrary, lament the want of power in the constitution to produce milk ;—the only thing which can be recommended here, is a generous diet, guarding against any febrile disposition ;—how far this may be conducted in any individual case, must be left to the discretion of the practitioner.

MEDICAL TREATMENT OF WOMEN IN CHILD-BED.

Medicines often prescribed unnecessarily ;—the most simple which can be given in this state, not possessing very active powers, will answer the best intention, and do the least harm.

Observations on opiates ;——what may be substituted where it disagrees.

The throat sometimes becomes affected, from using great exertions in crying out during a severe labour.

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The state of the bowels require attention;—when solutives most proper;—when necessary to be repeated;—what the most suitable;—some easily moved;—others the reverse;—clysters useful in obstinate cases;—what the most proper.

Of complaints in consequence, of delivery.

From violence naturally inflicted on the parts;—too much attention therefore cannot be paid to prevent it.

Incontinence of urine from sphacelation;—from debility;—treatment.

Of faintness after delivery;—not uncommon.

Causes;—of two kinds;—either simple hysteric deliquium;—or actual syncope;—the first not attended with danger;—the latter frequently so;—treatment in syncope, will principally depend on the state of the pulse, and respiration;—in common cases, are readily removed, by promoting the circulation by cordials;—a free access of air;—and horizontal position, &c. —when arising from certain causes.

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is.

is attended with danger;—treatment in such cases.

Of the nature and treatment of after pains.

These arise from uterine contractions;—and intermit, resembling labour pains;—occasioned by coagula of blood formed in utero;—are the most frequent, and violent in those who have had several children;—is of consequence to understand the cause; and to distinguish them from every other disease;—especially inflammation;—as enterites;—inflammation of the uterus;—puerperal fever;—cramps;—spasms, &c.—These pains are therefore natural, and not considered as dangerous;—their duration generally two or three days;—treatment.

Of the irregular Lochial Discharge.

Its nature;—duration and quantity varies much;—gradually changing from blood to serum;—sometimes disappears and returns;—is in some
very

very profuse;—in others small in quantity;—how ascertained;—does not appear to affect much their general health; unless in excess;—hence becomes injurious;—may arise from some previous disease;—treatment.

Lochia suddenly suppressed;—more frequently the effect, than the cause of other complaints;—not dangerous when idiopathic;—the danger greater when symptomatic fever is concomitant;—the treatment here will be to prevent the degree of internal inflammation;—when profuse, will be similar to flooding cases.

DISEASES OF THE BREASTS.

From their glandular structure and office are frequently subject to many diseases;—producing inflammation;—and suppuration;—occasions much uneasiness and suffering;—sometimes of long duration;—means of prevention;—when suppuration advances;—the discharge of pus by spontaneous rupture;—by aperture formed by the lancet;—sore nipples;—occasioned chiefly by the infants suckling;

—produces much pain;—and often of long duration;—treatment prescribed is various;—the nipples should be mechanically defended.

OF FEVERS IN THE PUERPERAL STATE.

Chiefly originate from improper treatment during parturition;—may be prevented by proper management being duly observed;—some are extremely slight in their consequences;—others, again, very dangerous;—may arise at any period from local, or general causes;—occurs mostly soon after delivery.

OF FEVERS ARISING FROM INFLAMMATION OF THE UTERUS.

Mostly occurs after parturition, within the first five or seven days;—sometimes later.

Symptoms are restlessness;—cold and hot fits;—quick hard pulse;—pain and burning heat in the uterus, with a sensation of weight and fulness;—the immediate seat of the pain is generally either below, and extends to the umbilicus;—or confined either
above,

above, or below the pubis;—in others, points backwards, or down both extremities;—a difficulty and suppression of urine;—and of lochial discharge;—these pains should be distinguished from after pains;—arises from different causes;—whence it may originate;—the disease may terminate in several ways;—dangerous consequences attending it;—may often be prevented, or relieved, in its early stages;—by copious bleedings;—topical applications;—and copious evacuations by stool;—symptoms indicate present danger;—mal-treatment may induce fatality;—may terminate by suppuration and mortification;—treatment required under the last mentioned circumstance;—a diminution of pain, and return of lochia are favourable symptoms.

OF IRREGULAR FEVERISH ATTACKS.

Women are subject to these attacks for two or three weeks after delivery.

Arise from various causes;—chiefly from improper management;—differ from

from other fevers in duration ;—called also Ephemera, or weed.

Definition ;—attended with rigors, resembling an intermittent ;—not productive of immediate danger ;—but, from the disposition to future attacks, often lays the foundation of subsequent complaints ;—symptoms mistaken for them ;—treatment of this fever ;—if improperly treated, may induce a more obstinate degree of it ;—treatment in the convalescent state.

OF THE ERUPTIVE, OR MILIARY FEVER.

This fever arises from improper nursing ;—now, not so common as formerly, from the improved method of treating parturient women.

Symptoms vary in different women ;—even in the same patient on different occasions.

Definition of the disease ;—not always symptomatic ;—sometimes epidemical.

Is divided into two species, or types ; the mild and malignant.

The specific nature of the disease appertains to the last.

Symptoms

Symptoms of the first ;—pulse generally strong, partaking of the inflammatory kind ;—in the latter ;—pulse quick and weak ;—resembles typhus ; eruption attended with putrid diarrhœa.

Eruptive appearances.

Duration of the disease ;—in the mild ;—in the malignant ;—its event ;—prognosis ;—in the malignant often proves fatal ;—treatment of the disease.

Puerperal Fever.

Definition.

Generally occurs from the second or third day, or even the fifth, and sometimes later.

Accounts of its having been epidemical.

Authors not agreed, as to the description of the disease, or in the method of cure ;—consequent disadvantages ;—the disease well known to Hippocrates, and many others ;—various causes may combine to produce it.

Of the predisposing causes ;—with respect

respect to the state of the atmosphere ;
 —to the passions of the mind, &c. ;—
 to the state of the abdominal viscera
 previous to, or at the period of par-
 turition.

Occasional causes ;—from plethora ;
 —irritability.

Symptoms ;—considerable variation
 in them ;—depends on the danger and
 parts affected in different constitu-
 tions, &c. ;—rapid progress of the
 disease ;—there is generally rigor,—
 succeeded by heat, thirst, and other
 symptoms ;—pain in the head ;—an
 intense pain in the abdomen ;—these
 united shew the pathognomonic symp-
 toms of the disease ;—the disease ad-
 vancing, the whole abdomen becomes
 affected and tumified ;—nearly in pro-
 portion to the size before parturition ;
 —great oppression of the præcordia ;
 —countenance becomes flushed ;—
 tongue and mouth dry and parched ;
 —skin in some in its ordinary state ;
 —in others hot, then moist ;—pulse
 unusually quick in robust habits ;—
 in others feeble and quick ;—painful
 swelling

swelling of the abdomen, which, with an accelerated pulse, portend the greatest danger;—the urine is voided with pain and difficulty;—sometimes totally suppressed;—of a dark colour, depositing a sediment;—the lochia, though not wholly suppressed, changes in quantity and appearance;—milk, sometimes also suppressed;—the brain and nerves become affected;—an early derangement of the faculties of the mind, always to be dreaded;—the blood is highly inflamed,—thirst excessive, and singultus attends;—petechiæ or vibices appear, and not unfrequently miliary or erysipelatous eruptions;—this universally is a mortal sign;—the disease though generally fatal, there are some instances of a crisis on the 9th, 10th, or 11th day.

Prognosis of the disease;—the discharges also attending the disease are critical;—a diarrhœa;—spontaneous vomitings;—profuse perspirations, succeeding rigors; a return of the lochial discharges; are always to be considered as the most favourable symp-

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toms ;

toms,——sudden remissions of pain, with febrile irregular pulse, should always be guarded against.

The true seat of the disease not discoverable but by dissection.

Chief morbid appearances, are in the abdominal region;—great collections of coagulable lymph found in its cavity;—relative to the thorax and lungs.

Treatment of the disease, and means of prevention;——various plans have been proposed during the cold and hot stage;—from the appearances of its being an inflammatory disease;—bleedings both general and topical have been recommended;—by others opposed.

In plethora, where there is active inflammation, bleeding is proper;—cautions necessary upon this head;—blisters also may be applied;—emetics also much recommended;——these should be given at the beginning of the disease;—sudorifics also recommended;—purgatives also advised, and should be continued as long as relief is obtained;

obtained ;—clysters ;—warm bath ;—fomentations ;—anodyne liniments ;—calefacients, &c.—should not be neglected in urgent cases ;—where sickness and vomitings prevail, with intense pain, the saline draughts in effervescence with opiates, camphor.

In cases of putrescency, in its advanced stage, tonics and cordials, as bark, wine, &c. of nutrition.

Of Puerperal Swellings of the lower Extremities.

Of the supposed causes ;—various opinions on this subject ;—not confined to any particular class of patients.

Symptoms ;—a kind of rigor, and pain in the uterine region previous to its commencement ;—begins above the groin, or in the calf of the leg, and extends to the feet ; following the course of the lymphatics ;—sometimes attacks only one ; at others, again, both sides ;—the external and internal inguinal glands become indurated, and painful, and the whole surface of the

extremity becomes extremely tender to the touch, particularly where the glands are situated.

Varieties in the disease.

Cause of obstruction are in the lymphatic glands;—is distinguished from anasarca, in that it does not pit on pressure, and does not suppurate.

Is distinguished also from elephantiasis, by the cutis; there being no scaly substance, with fissures forming on it;—or either nausea, or vomiting, which is a concomitant attending the last mentioned disease;—period of its commencement from delivery, variable.

There is a concomitant fever attending, with quick and feeble pulse;—tongue white and clammy;—countenance dejected, and pale;—urine in small quantities, thick, and of a muddy colour;—costiveness;—fæces pale and clayey;—lochia fœtid, and of an unnatural appearance;—fever sometimes considerable;—its duration about ten or twelve days;—then changes its type, and becomes œdematous;

œdematous;—in general not dangerous.

Cause of obstruction explained.

Treatment;—the success depends on the early resolution of the inflammation of the glands, in the first stage;—by rendering them pervious to the lymph;—by aperients;—antimonials;—febrifuges;—diuretics;—and topical applications;—then invigorating the system by tonics, and stimulants;—and to appease the pain and irritability by opiates.

Suppuration should if possible be avoided.

Treatment in the convalescent state.

Of the Management of Children in early Infancy.

Changes in consequence of delivery.

Difference of structure and constitution, between the infant and adult;—the knowledge of this necessary to elucidate the manner of treating children while in health, and during any existing disease.

OF

OF CLEANLINESS AND CLOATHING;—washing off the glutinous substance of children after birth.

Of tight swathing; injurious;—some restriction necessary.

Of the proper cloathing for infants;—in the day, and during the night.

OF NUTRITION;—breast milk the most natural and proper for infants;—all other substitutes improper and injurious;—important advantages of suckling both to mother and child;—every mother cannot suckle;—why!—some unfitted by luxuries, and habits of life;—others from delicacy of constitution, bad nipples, &c.;—affects both mother and child;—diseases communicable by suckling;—when the child should suckle;—first milk purgative;—of purging infants;—of suckling them;—what the most proper food;—period of weaning.

OF BRINGING THEM UP BY HAND, &c.

*Of Air and Exercise for young
Children.*

Is of the utmost importance to their future health and welfare;—much would be improper during the first month;—care should be taken that it be suited to their age, and constitution;—comparative statement of lives saved of children nursed in work-houses, and great cities, with those reared in the country.

Exercise very conducive, and absolutely requisite for health;—young animals are extremely active in proportion to the nature of that life they are intended for;—many have differed very materially on this subject;—what age children should be put on the feet;—erroneous conclusions have been drawn from other animals;—of making it the interest of the poor to preserve their offspring.

OF CHILDREN'S SLEEPING, AND
WATCHFULNESS.

The destructive custom of giving
children

children opiates;—rocking children to sleep appears unnecessary;—inconveniences and danger attending the custom of children sleeping with the mother, or nurse;—may be avoided by a side-bed, or crib.

OF THE DISEASES OF CHILDREN;
—we shall only treat of those which occur in early infancy.

Of these, some appertain to the surgeon;—others to the physician;—others, again, are of a mixed kind;—but each have a reference to the department of midwifery.

General observations.

FIRST COMPLAINT IS A RETENTION OF MECONIUM.

A black, viscid, tenacious matter; and from this quality, adheres so to the intestines, that the milk cannot remove.

This retention then in the primæ viæ, is often a cause of disease;—producing indigestion;—flatulency;—pain, &c.;—and, from the admixture of atmospheric air, becomes of an acrid quality.

First

First milk of all animals is purgative;—what the most proper purgatives.

OF MALFORMATION; OR ORIGINAL IMPERFECTIONS;—a great variety;—some arise from the birth;—others exist while in utero;—others, again, after birth;—some admit a remedy, others not;—not necessary to enter into a detail of all species of imperfections that occur.

OF THE HARE LIP.

Is of two kinds;—simple, and complex.

Of the operation, and treatment of both;—when the proper time for operating.

TONGUE TIED;—tongue not sufficiently confined;—sometimes induces suffocation;—treatment.

OF OBSTRUCTIONS IN THE NATURAL PASSAGES.

IMPERFORATED ANUS.

Seldom allows of a remedy, when terminating in a sort of cul de sac, as termed by the French.

Symptoms.

Q

Of

Of the operation in such cases when required.

The rectum sometimes terminates in the vagina, in girls; and in the bladder in boys;—the operation in such cases, would be difficult, and events doubtful.

OF THE IMPERFORATED URETHRA.

Not so common as the former;—are of different kinds;—sometimes is merely closed up by mucus;—washing it off in this case, or a bent probe introduced to open the passage, will be sufficient.

The treatment required, where an operation seems necessary, will be according to the existence of the preternatural aperture formed.

PENIS INCLOSED UNDER THE CUTIS.

An operation may relieve in this case;—by simple incision, or removing a portion of it.

IMPERFORATE VAGINA.

May be either external, or internal, according to its degree;—the latter relates only to the hymen;—this case requires

requires an operation about the age of puberty, by simple, or crucial incision, with the point of a lancet.

OF THE IMPERFORATED EARS.

Generally allows of no remedy.

OF DISTORTIONS OF THE FEET; TOES; AND FINGERS; called VARI AND VALGI, OR CLUB FEET.

Should be remedied if possible;—in most cases practicable, where proper means are early employed;—effected by the application of common rollers, and splints.

OF THE SPINA BIFIDA, &c. &c.

Seldom admits of a cure.

Is of two kinds;—open and occult.

Is known by a tumour formed on some part of the vertebræ lumborum, or os sacrum;—mostly on the loins;—its appearances.

These tumours should not be opened, but should as much as possible be prevented from bursting, as death speedily ensues.

Should be distinguished from other similar diseases.

Of Injuries from Parturition.

Tumours on the scalp, producing the mole shot, or horse-shoe head, and a discolouration of the cutis;—sometimes inflammation, abscesses, and gangrene;—according to the situation in which the cranium was placed during parturition;—seldom requiring much attention.

OF THOSE SWELLINGS ON THE HEAD CONTAINING A SEROUS FLUID.

Often seated on the parietal bone;—should be distinguished from eucephalocèle, or herniæ cerebri;—opening seldom required;—cured by astringent embrocations.

OF THE HERNIÆ CEREBRI.

This disease is without fluctuation, or discolouration, and generally curable;—is attended with evident pulsation, synchronizing with the pulse;—to be distinguished also from other tumours;—requires a careful and due compression of the parts;—swelling and discolouration of the face, &c.;
—seldom

—seldom prove troublesome, consequently very trifling management required.

OF FRACTURES and LUXATIONS.

How most likely to occur;—sometimes unavoidable;—generally occur to the clavicles, arms, or legs;—may be obviated by attention;—require attention like other fractures, and should not be left to nature.

Luxations sometimes happens also; generally that of the shoulder;—not difficult of reduction in the infantile state;—treatment.

Lower jaw sometimes luxated;—treatment.

OF HERNIÆ, OR RUPTURES.

Common among young children;—umbilical the most frequent;—treatment by bandages, &c.

Inguinal ruptures;—treatment by bandages;—not necessary on some occasions.

HERE THE SURGICAL TREATMENT CONCLUDES.

Of

Of those Diseases requiring Medical Assistance.

SWELLINGS OF THE BREASTS.

From accumulation of a milky fluid secreted in them ;—producing painful swellings and inflammation ;—often improperly treated.

Of the proper treatment.

OF THE RED GUM.

Definition.

Not of much consequence, but to distinguish it from measles ;—requires little, or no assistance.

OF THE WHITE GUM.

Supposed to proceed from acrimony in the bowels ;——not satisfactorily proved ;——may proceed from other causes ;—or improper management ;—treatment.

OF THE APTHÆ, OR THRUSH.

Its origin ;—causes.

Symptoms ;—may be suspected when pain is expressed during suckling, and by the soreness of the nipples ;—and by the white specks on the tongue and
fauces ;

fauces;—is of two kinds;—the mild;—and the malignant;—the malignant epidemical;—the redness about the anus is occasioned by the acrimony in the bowels;—is rather a mark of the degree of the disease, than of the cure;—remote causes;—various.

Curative indications;—in the mild;—by local applications, such as borax, honey, currant jelly, honey of roses, spirits of vitriol, &c.;—in the malignant;—attention here must be paid to the fever, at the commencement, by cleansing the *primæ viæ*;—afterwards by bark, and astringents;—with blisters if necessary;—and if ascidities prevail in the bowels, by the testaceous powders and opiates.

ULCERATIONS AND EXCORIATIONS OF THE EARS, &c.

Readily take place among infants;—are generally considered as salutary;—when deep seated from neglect, become injurious, and frequently a difficulty in stopping the discharge;—treatment.

OF

OF COMPLAINTS IN THE ALIMEN- TARY CANAL.

Is the most common disease among infants;—sometimes to an alarming degree.

Of habitual vomitings;—emetics when indicated;—causes, how known; treatment in such cases.

Regard always should be paid to the stools.

These cases often improperly treated.

Of the propriety of giving calomel, opiates, &c. in these complaints.

Change of nutriment.

ICTERUS, OR INFANTILE JAUNDICE; denominated yellow gum;—general appearances;—covers the whole surface of the body;—commonly appears on the third day;—affects the tunica albuginea;—clearly proving great derangement in the natural functions;—if long neglected induces the disease.

Causes are as various as numerous;—arises from obstructions in the alimentary canal;—or from some particular

cular structure in the infant ;—sometimes from the milk.

Symptoms are also as various ;—seldom injurious.

Children may often have the true jaundice ;—by communication in suckling ;—more prevalent on the continent, than in this country ;—treatment.

OF WATERY GRIPES.

Causes.

Symptoms ;—a common consequence of a deprivation of a proper breast of milk, &c. ;—treatment.

ERISPELOUS INFANTILIS.

A dangerous species of crisipelous inflammation ;—commences its attack generally a few days after birth ;—seldom later than the month ;—very rapid in its progress ;—and often terminates in mortification ;—attacks different constitutions ;—the milder species appears often on the extremities ;—the more malignant is seated either at the pubis, or umbilicalis, and genitals, extending to the abdomen, back, and extremities.

R

Treatment ;

Treatment ;—internally bark, wine, &c. ;—externally, aq. lithar. acet.—camphorated spirits, has proved useful in several cases.

OF CONVULSIONS.

General observations.

Visible symptoms ;—may be either acute or chronic ;—in the former may prove fatal in the first instance ;—children more easily affected with convulsions than adults, from excessive irritability ;—at all times alarming and hazardous, consequently all irritation should be avoided, or removed.

Causes therefore are either general, or local ;—corporeal, or mental ;—may be seated in the primæ viæ, or in the general constitution.

Urgent cases require very active treatment.

The cure of the disease must consequently depend upon its causes ;—if in the primæ viæ, it may be removed by emetics and purgatives ;—if from irritation, it may be much moderated by the warm bath, antispasmodics, blisters, &c.

Generally

Generally proves fatal if succeeding acute diseases.

The state of the air should be considered.

What the most proper nourishment in such cases.

OF DENTITION.

To what class the human teeth belong.

Their state at the time of birth.

Their progress through the gums;—order of their appearance.

Their effect on the gums;—on the system.

Often the cause of convulsions, and other diseases.

General plan of treatment, and propriety of lancing the gums in these cases.



OBSERVATIONS ON THE CHOICE OF WET-NURSES.

GENERAL

GENERAL RE-CAPITULATION.

A FEW PROGNOSTICS IN THE SCIENCE,
&c. &c.

CONCLUSION.

ERRATA ET CORRIGENDA.

- Page 2, line 24, *for*, as necessary, *read*, as is necessary.
- 7, 23, *for* crania, *read* cranium.
- 8, 3, ditto, ditto.
- 9, 8, *for* pelvis, *read* pelves.
- 10, 14, *for* he, *read* the.
- 11, 21, *for* corrogated, *read* corrugated.
- 15, 26, *for* various, *read* varies.
- 20, 16, *after* divest, *place* it.
- 21, 7, *for* occurrences, *read* occurrence.
- 8, *for* preperly, *read* properly.
- 23, 4, *for* part, *read* parts.
- 23, *after* production, *place* of its.
- 107, 10, *place* Nutrition in a seperate sentence.



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